



PATENT  
Atty. Docket No.: 2171 CON (203-2312 CON)

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Cimino et al. Examiner: Catherine S. Williams

Serial No.: 10/628,673 Group: Art Unit 3763

Filed: July 28, 2005 Dated: November 28, 2005

For: SURGICAL SYSTEM CONSOLE

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [ ] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDT. RATE FEE OR	ADDT. RATE FEE
TOTAL	22	MINUS 27	=	X \$	X \$0
INDEP.	3	MINUS 3	=	X \$	X \$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			X \$	X \$0	
			TOTAL <u>ADDT. FEE</u>	OR TOTAL <u>\$ -0-</u>	

\* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on date below.

Dated: November 28, 2005

  
Dana A. Brussel

Dana A. Brussel

- Please charge Deposit Account No. 21-0550 in the amount of \$\_\_\_\_\_. Two (2) copies of this sheet are enclosed.
- A check in the amount of \$\_\_\_\_ is enclosed.
- Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

  
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Appl. No. 10/628,673  
Amdt. dated November 28, 2005  
Reply to Office Action Mailed July 28, 2005



Atty. Docket: 2171 CON  
(203-2312 CON)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**APPLICANTS:** Cimino et al.

**EXAMINER:** Catherine S. Williams

**SERIAL NO.:** 10/628,673

**ART UNIT:** 3763

**FILED:** July 28, 2003

**DATED:** November 28, 2005

**FOR: SURGICAL SYSTEM CONSOLE**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action mailed on July 28, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

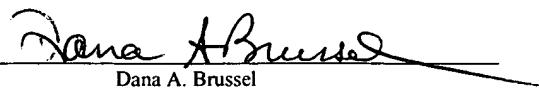
Remarks begin on page 8 of this paper.

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